

Application No. 10/051,140

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 3, 2006

Signature: 
(Carla Rivera)

Docket No.: 47123-00073USPT
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Sakharam D. Mahurkar

Application No.: 10/051,140

Confirmation No.: N/A

Filed: January 22, 2002

Art Unit: 3763

For: IMPROVED RETRACTABLE NEEDLE
SINGLE USE SAFETY SYRINGE

Examiner: L. H. Thanh

AMENDMENT AFTER ALLOWANCE UNDER 37 C.F.R. 1.312

MS Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

Prior to issuance of the patent, applicant respectfully requests entry on this amendment under 37 C.F.R. 1.312 for the above-captioned patent application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.



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AMENDMENT TRANSMITTAL LETTERDocket No.
47123-00073USPTApplication No.
10/051,140Filing Date
January 22, 2002Examiner
L. H. ThanhArt Unit
3763

Applicant(s): Sakharam D. Mahurkar

Invention: IMPROVED RETRACTABLE NEEDLE SINGLE USE SAFETY SYRINGE

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	7	- 112 =	0	x 25.00	.00
Independent Claims	1	- 35 =	0	x 100.00	.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 10-0447 as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Stephen G. Rudisill

Attorney/Agent Reg. No.: 20,087

Dated: October 3, 2006

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